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SERIAL NUMBER 10/624,519	FILING OR 371(c) DATE 07/23/2003 RULE	CLASS 036	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. US 1330/02
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APPLICANTS

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**** CONTINUING DATA *******
none MD
**** FOREIGN APPLICATIONS *******
no MD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 02/05/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>MD</i> Examiner's Signature	Initials	
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
VA	5	100	4

ADDRESS

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TITLE

MAGNETIC FLUID CUSHIONING DEVICE FOR A FOOTWEAR OR SHOE

FILING FEE RECEIVED 1137	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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